

INSTRUCTIONS FOR COMPLETING  
**APPLICATION FOR CONTRACTOR REGISTRATION**

**NOTICE:** All items listed below must be submitted with this application as a complete or your registration **WILL NOT BE PROCESSED.**

A COMPLETE PACKAGE INCLUDES:

**The business name must be exactly the same on all documents or the application will be returned.**

1. This application signed and notarized
2. Bond or assignment form (originals only)
3. Certificate of Insurance and/or Assignment form(s) for Insurance (Originals Only)
4. Unified Business Identifier (UBI #) **AND** IRS Employer ID. NO.; Corporation No. If applicable
5. \$106.50 Check made payable to the Dept of Labor and Industries

**BOND REQUIREMENTS:** \$12,000 General contractor \$6,000 Specialty contractor

— You must submit an **original** (not a copy) continuous contractor's surety bond with an effective date and seal of the bonding company. (Not performance, license or permit bonds)

— **There can be no errors, corrections, white-outs, alterations or additions on the bond form.** In lieu of a surety bond you may submit an original "Assignment of Account" form which has been completed by a bank. Washington state banks only.

**INSURANCE REQUIREMENTS:** Minimum Amounts (Coverage must be for each occurrence)  
\$50,000 Property Damage  
\$200,000 Public Liability

— The Certificate of Insurance or other insurance document **must** include the following:

Policy Number	Effective Date	Signature Of Agent	Amounts Of Coverage
Expiration Date Or Until Canceled	Cancellation Clause		

— The original CERTIFICATE OF INSURANCE must be submitted with the exact same business name as on the bond and the Application for Contractor Registration. **There can be no errors, corrections, omissions, additions, alterations or white-outs.**

— In lieu of an Insurance Certificate or Document, you may submit an original "ASSIGNMENT OF ACCOUNT FOR INSURANCE" form that has been completed by a bank. Washington state banks only. Assignment of Account forms for insurance are available at your local Dept of Labor and Industries office.

**OTHER REGISTRATION NUMBERS REQUIRED:**

You may apply for the Unified Business Identifier (UBI) Account Number at any local office of the Department of Labor and Industries, the Dept of Revenue, the Employment Security Dept, or the Business License Service in Olympia.

Applicants having existing account numbers that are current with L&I's Division of Insurance Services, the Department of Revenue, & the Employment Security Dept shall use those numbers.

I.R.S. Employer Account Number (federal) must be provided. If you are a sole proprietorship and have no employees, you may use your personal social security number. You may also submit a copy of the completed I.R.S application. **(Send The Original To The IRS)**

**NOTICE:** If any of the owners/officers have ever previously been registered in the State of Washington as a General or Specialty Contractor and have any unsatisfied final judgments that were filed against the previous registration, **REGISTRATION WILL BE DENIED.** All previous registrations, owners, and officers will be verified. Files may be in state archives which may delay verification and registration.

To obtain the Unified Business Identifier (UBI) Account Number, contact your local offices of the Department of Labor and Industries, The Department of Revenue, the Employment Security Department, or the Business License Service in Olympia.

**Employer's Identification Number  
(Employer Social Security) (Not Personal Number)**

Internal Revenue Service Or Your Local Internal Revenue Service

INTERNAL REVENUE SERVICE CENTER  
2404 CHANDLER CT SW STE 280  
OLYMPIA WA 98502 TOLL FREE: 1-800-424-1040

**Business License Service**

DEPARTMENT OF LICENSING  
405 BLACK LAKE BLVD  
OLYMPIA WA 98504

(360) 664-1400



## You can help

We are looking for ways to improve the awareness of our program and are interested on how you found out about us. You registered because:

- ☐ Advised by a Compliance Inspector
- ☐ Received an infraction
- ☐ Received information via newspaper, flyer, website, etc.
- ☐ Denied building permit
- ☐ Advised by other government agencies
- ☐ Received information from a bonding or insurance agent.
- ☐ Other (please indicate) \_\_\_\_\_

Do Not Write In Shaded Area			Received By	
01 Or 02	County Code	Type	Entered By	Date Entered
Effective Date	Expiration Date		Contractor Registration Number	

Department Of Labor And Industries  
Contractor's Registration Section  
PO Box 44450  
Olympia WA 98504-4450



APPLICATION FOR  
CONTRACTOR REGISTRATION

PLEASE PRINT OR TYPE: Use Ink (360) 902-5226

BUSINESS NAME (LIMIT TO 30 CHARACTERS AND ONLY ONE BUSINESS NAME)			PHONE # (area code)	COUNTY
MAILING ADDRESS			CITY	STATE
			ZIP + 4	

Do you have or will you be hiring employees? ☐ YES ☐ NO  
If yes, please list your Industrial insurance Account number. \_\_\_\_\_

Have any of the principal owners/officers, under any other construction business name ever been previously or are currently registered in Washington as a contractor? ☐ YES ☐ NO

If yes, give previously registered business name: \_\_\_\_\_

Previous Registration Number Reg #: \_\_\_\_\_ Date expired: \_\_\_\_\_

Do you want your previous contractor registration:

Continued as a separate business ☐ YES ☐ NO

Listed as inactive ☐ YES ☐ NO

\*\*\* Note: previous registration **will** be referenced in current file \*\*\*

Mark The Type Of Registration: ☐ General Contractor ☐ Specialty Contractor

Specialty Contractors only: write in one or two trades from list below:

Specialty Code \_\_\_\_\_ Specialty Code \_\_\_\_\_

BA Acoustical	BR House Moving	CE Seal Coating
AA Air Conditioning *	BS Hydraulic Installation/Repair	CF Service Station Equipment *
BG Appliances/Equipment *	BT Institutional/Equip/Stationary	CG Sheet Metal
XX Asbestos	Furniture/Lab Tables/Lockers	CH Siding (Other Than Wood)
BC Awnings/Canopies/Carports/Patio Coverings	BU Insulation	CI Signs--- Non-electrical
AC Boiler/Steam Fitting/Process Piping	BV Irrigation/Sprinkling Systems *	CJ Steel/Aluminum Erectors
BD Cabinet And Millwork	BW Landscaping *	CK Steel Reinforcing/Bar/Wire Mesh
BE Carpentry/Framing	BX Lathing	CL Structural Pest Control/Repair
CW Carpet Laying	BY Machinery	CM Swimming Pools/Service/Repair *
BF Ceramic/Plastic/Metal Tile	BZ Masonry	CN Tanks/Tank Renovating
AB Commercial/Industrial Refrigeration *	MH Mobile Home Set-up	CO Venetian Blinds/Shades/Drapes
BI Concrete	CA Ornamental/Metals	AF Warm Air Venting/Ventilation & Evaporative Cooling
BJ Demolition	OG Overhead/Garage Doors	CP Water Conditioning Equipment *
BK Drywall	CB Painting/Wall Covering	CQ Water Proofing
BL Elevator	PS Paving/Striping	CR Weather Stripping
BM Excavating/Grading	CC Plastering	CS Welding
BN Fencing	AD Plumbing *	WD Well Drilling **
BO Fire Protection System (Other Than Elect)	PW Pressure Washing	CT Wood Floor Laying/Finishing
BP Glazing/Glass	BH Resilient Floor/Countertop	WS Woodstove Installation
BQ Guniting	Materials/Plastic Finish Masonite	HM Handyman
CV Gutters/Downspouts	CD Roofing	EX Other (Specify): _____
	AE Sanitation Systems "Side Sewer"	

\* May Also Require Electrical, Plumber Certification or Electrical Licenses. \_\_\_\_\_

\*\* Additional licensing requirements are necessary thru Washington State Department of Ecology - (360) 407-6650

Other Registration Numbers Required

Notice: You must fill in the account numbers listed below. Federal I.R.S. number must be provided.

Unified Business Identifier (UBI) Acct. No.	I.R.S. Employer Identification Number (Federal)	Corp. NO. if applicable
		Industrial Insurance Account #

IF NUMBERS ARE NOT SUBMITTED YOUR REGISTRATION WILL NOT BE PROCESSED

TYPE OF ORGANIZATION (Complete One Of The Following)

NOTE: Social Security Numbers for identification only

<input type="checkbox"/> <b>Individual Proprietorship</b>	(List individual name, not business name) (type or print)	Social Security # (for id only)	Phone No. (    )
Mailing Address		City	State    ZIP + 4

<input type="checkbox"/> <b>PARTNERSHIP</b>				Phone No. (    )
Names (type or print)	Mailing address	City	State    ZIP + 4	Social Security #

<input type="checkbox"/> <b>CORPORATION</b>	<input type="checkbox"/> <b>LLC</b>	<input type="checkbox"/> <b>LLP</b>			Phone No. (    )
Post Office address of principal office	Mailing address	City	State    ZIP + 4	Social Security #	
President (type or print)	Mailing address	City	State    ZIP + 4	Social Security #	
Vice president	Mailing address	City	State    ZIP + 4	Social Security #	
Secretary	Mailing address	City	State    ZIP + 4	Social Security #	
Treasurer	Mailing address	City	State    ZIP + 4	Social Security #	
Statutory agent	Mailing address	City	State    ZIP + 4		

**SIGN AND HAVE THE AFFIDAVIT BELOW NOTARIZED :**

**AFFIDAVIT OF SIGNATURE**

WE (I), the undersigned, being first duly sworn, each for theirselves deposes and says: That the undersigned are the truly elected, qualified, and acting officers, or partners, or individually, as the case may be, of the within named applicant(s), as per their signature below; that we (i) have read the contents of this application, and to the best of our(my) knowledge and belief the foregoing statements are true in substance and effect and are made in good faith.

(TYPE OR PRINT NAME)	(SIGNATURE)	(TITLE)

NOTARY SEAL	SUBSCRIBED AND SWORN TO BEFORE ME THIS <b>Date</b>	MY COMMISSION EXPIRES ON:
	NOTARY PUBLIC	RESIDING AT

- Before mailing this application:** Have you included the following? NOTICE: If these items are not submitted in one package, your registration will not be processed!
1. Completed application with notarized signature(s)

2. **Original** surety bond or assignment form (not copies)

3. Insurance Certificate or document, and/or assignment form for insurance (originals only)

4. Unified Business Identifier (UBI), Account Number, Revenue #

5. IRS Number or copy of completed application

6. \$106.50 Check or money order